VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7

	PLACE OF DEATH				2.	USUAL R	ESIDEN	CE (Where	decease			Residen	ce before	edmission)
13	e. COUNTY Gary	ett.		MARYLAN		e. STATE	Md.			b. COUN	8.3	1000		/
-		oulside corporele limit		c. LENGTH OF STAY IN				f outside cor	rnorete I	imits write		.Legi		vnì
	write RURAL end	give nearest town)								,		1 .	2	76
	Oakland			14 Mo.			erla	nd			0	100		<u></u>
	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in ho	spital, give street eddress)		d. STREET A	ADDRESS							ESIDENCE A FARM?
	Cuppett	Nursing Ho	me		2 3	18	Ridor	eway T	err	ece			YES _	NO .
3.	NAME OF DECEASED	First		Middle		Last		4. DATE		Month	1	Dey	Yee	r
		Samuel		Brady	Da	wson		OF	H	Dec.		15	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DAT	TE OF BIRTH				(tn yeers birthdey)	IF UNDER			R 24 HRS.
-	Male	White	WIDOWE	DIVORCED	Aug	. 2.	1868		93	yrs.	Months	Deys	Hours	Mln.
100	. USUAL OCCUPATION	ON (Give kind of work	10b. K	IND OF BUSINESS OR IND	USTRY   11.	BIRTHPLA	CE (Count	ty & Stele, o	or foreig	n country)	12. CI	TIZEN C	F WHAT	COUNTRY?
	ne during most of wor Plasterer	king life, even if retired		nstruction		Mea	+ 774 -	nainia				TITL	0 4:	
	FATHER'S NAME		1 00	HIS CLUC CTOH	1.14	MOTHER'S		rginia				Uel	S.A.	
15.					14.	MOTHER 5	MAIDEN	(A		11				
	Isaac De					Emi	ly	Daw	LUM	U				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	RMANT	1			Address				
	no				Mrs.	Lewi	s Eas	ston-0	umb	erlan	d. Md			
	18. CAUSE OF D	EATH [Enter only one	ceuse per	line for (a), (b), end (c).]							,	I IN	TERVAL BE	
		WAS CAUSED BY:	Tire	mia								10	IO d	
	4	MMEDIATE CAUSE (e)_	010	ALL CC		-						-	10 0	
	10	DUE TO	And	eriosclerosi	0 00	narol	frad						Vanna	
	Conditions, if eny,		444	01 1000101001	.0, 00	iler al	776U						Year	8
	geve rise to immedie (e), steting the un	DITE TO												
	ceuse lest.	) (c)												
Z	PART II. OTHER	SIGNIFICANT CONDIT	IONS COL	TRIBUTING TO DEATH 8U	T NOT REL	ATED TO TI	HE TERMIN	AL DISEASI	COND	ITION GIV	EN IN PAR	RT 1(e)   1	19. WAS	
ΙΨ													YES T	NO TO
FIC	200. ACCIDENT WA	AS LINDERLYING []	2Db. DES	CRIBE HOW INJURY OCC	URED. (Ente	er neture of	injury in F	Pert I or Pert	II of ite	m 18.)		1		110 [21]
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH					,							
3	2Dc. TIME OF INJUR	RY Month, Dey, Yee	r   2Dd.	INJURY OCCURRED   2De.		F INJURY (H			ity or to	wn)	(Co	unty)	4	(Stete)
WEDICAL	Hour e.m.	10	While at wo		fectory, st	reet, office	bldg., etc.	)						
2	p.m.	*********	100					10 60 .	10	7/16	7 40		. (1)	(max ) 1
	21. I certify th			ded the deceased fro				19.99 to						(WB) last
	saw the decease	ed alive on	2-14-	61 19 and	that dea	th occure	ed at	M, fro	m the	causes	and on	the d	ate state	d above.
	220. SIGNATURE	/	2_			ATTENDING	- A	AED.	ST	AFF			221	DATE SIGNED
	1 ton	wet. J.	leel	en fr	M.D.	PHYS.		IRECTOR		YS.		10	2.18	61
	22c PHYSICIAN'S		- 1			22d. ADDI	RESS							
	NAME (Type)	James H. Fe	ster	, Jr., M. D.		58	2nd.	Stee	Oali	land.	Mars	rlan	<u>d</u>	
23	BURIAL, CREMATIC	ON, 236. DATE THER		23c. NAME OF CEMET		REMATORY			CATION	(City, lov	wn or cour	ity)	(5	itete)
	REMOVAL (Specify)	1-11-11		Philos				Wes	ter	port			Md	
24	Burial FUNERAL DIRECTOR	1 12/17/6		ADDRESS			25e. RFC	'D BY REGI				SIGNA	TURE	
14	C 0 12	J. J		Westernport	. Md		DE	EC 2 6	61		relius d			
_	05/20	rax		por o	, 14de	,	DATE							

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FOR STATE HEALTH DEPT.

SEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after decreasery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board citedalth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Whare deceesed I	ived, If Institution: Resid	lence before edmission)
-	. COUNTY CAR	RETT		a. STATE	1	. COUNTY	
( M	b. CITY OR TOWN (if outside		c. LENGTH OF STAY IN 16	WID.		GARKE	TI
N	write RURAL and give n		c. LENGTH OF STAT IN ID	e. CIT OR TOWN (	it outside corporete list	its, write RURAL and giv	re nearest town)
/	- IENNINGS	Mo	LIFE	X + JENI	VIN9S.	11/0	
	d. NAME OF HOSPITAL OF	MD INSTITUTION (if not in hosp	oital, give straet eddress)	d. STREET ADDRESS	1		. IS RESIDENCE
							ON A FARM?
	3. NAME OF		Middle				YES NO
-	DECEASED	First .	Widgle	Last	4. DATE OF	Month Do	Your 1
	(Type or print)	HARRY		DURST	DEATH	12 2	1901
	5. SEX   6. Co	DLOR OR RACE 7. MARRIED	NEVER MARRIED   B	. DATE OF BIRTH	9. AGE		R IF UNDER 24 HRS.
1	m	W WIDOWEL	_   6	MAR. 4. 189	3 lest Si	Months Dey	Hours Min.
	10a. USUAL OCCUPATION (G		ND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State	or toreign country)	12. CITIZEN	OF WHAT COUNTRY?
	done during most of working li	1 /V	TIRED	GADIETT	- (2 ///	0 71	SA
	13. FATHER'S NAME	NO AD CONSTUNE	11/100	14. MOTHER'S MAIDEN	NAME	0 10,0	11/1
194	is. PATTLER'S NAME	1)12.		14. MOTHER 3 MAIDEN	1	11	
	HENT	RY DUKS		15 AR	BARAT	MRE	
	15. WAS DECEASED EVER IN L (Yes, to or unkown)   (Ifyesgiy		SOCIAL SECURITY NO. 17.	INFORMANT 0	11 1	Address	11.0
	VF<	NU I	m	and other	Neilst	Jen m 1	cas Mo
	I M. CAUSE OF DEATH	[Enter only one cause per li	na for (a), (b), and (c),)	via conacs	mu -	10,000	MERVAL BETWEEN
	PART I. DEATH WAS			To Can	01- 2		PINSET AND DEATH
	I IMMED	IATE CAUSE (e)	10 CARCIAL	- LNTAR	CTICN	-	Judden
	1 20 - 6	DUE TO		1			. /
	Conditions, if eny, whi	ch ) (b) ) C.	IERotic 1	teart L	DISERSS	5	TEANS
	geve rise to immediate cau	ise					
	(a), stating the underlying	DUE TO					
A	causa last.	) (c)					
0	PART II. OTHER SIGNI	FICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
	[5]						YES NO X
	200. EXTERNAL CAUSE W		BE HOW INJURY OCCURED. (	Entar neture of Injury In Per	t I or Part II of item 18.	)	
	PART II. OTHER SIGNI  200. EXTERNAL CAUSE W PRIMARY OF CONTRIBL CAUSE OF DEATH.	ITING					
				CE OF INJURY (Homa, farm		(County)	(State)
	Hour a.m.	While 19 et work	TAOL ALITHO	ory, sireer, office ordg., arc.	"		
	Print.		ains described above, he	old an Autoney	Inspection X,	Inquiry X, ar	ad in my anining
							nd in my opinion
7.1	death resulted from:	Natural causes X,	Accident Suic	ide, Homicide	Undeterm	ined manner	
	X X		/	CHIEF MEDICAL I	EXAMINER		
	ACTUAL SIGNATURE	- 11. Je	Ten fr. h.	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
2			7	DEPUTY MEDICAL	EXAMINER TO		12-27-61
	NAME (Type)	mes H- +	EASTER UR. W			CAKLAND IN	d
			22c. NAME OF CEMETERY OF		22d. LOCATION (CI		(State)
	REMOVAL (Specify)	16/2 77	72	- 0	LLG. COCKHOIC (CI	, supplied country	10 M
	BURIAL	12/30/6/	DITTING	ER L	ITTINGE	COARRET	LO MID
	23. FUNERAL DIRECTOR		ADDRESS A	24e. REC	D BY REGISTRAR   24	b. REGISTRAR'S SIGNA	ATURE
T	How Hour	man Ly	a Varille	DATELA	¥ 2 '62	Calling S. Hu	- LA
8	X or I was	) 0	union - 11	INVIDANT		- A. Tu	WAS .

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DIVISION OF STATISTICAL RES	EARCH AND RECORDS	S, 301 W. PRESTON STREE		ORE 1, MARY	Service and the service and th
13970	CERTIFICAT	E OF DEATH	61 iwk	1	3939
PLACE OF DEATH a. COUNTY CADDETTT	MARYLAND	2. USUAL RESIDENCE (Where a. STATE WASTER)	deceased lived, If	institution: Residence	ant
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	CUTY OR TOWN (If outside co	orporete limits, writ	A AL end give i	nearest soven)
write RURAL and give nearest town)  OAKLAND  d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	D//////	Maysvi	a. IS RESIDENCE
ARRETT COUNTY MEMOR] NAME OF DECEASED (Type or print)	TAL HOSPITAL	%/CUPPETTS/NU	RSANG /H	IOME///	Yeer 1967
SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	FEASTER  B. DATE OF BIRTH	9. AGE (In yeers		IF UNDER 24 HRS
WALL	WED DIVORCED DIVORCED NUMBER OF BUSINESS OR INDUST	3/15 1888 RY II. BIRTHPLACE (County & Tole)	73 yrs.	1	Hours Min.
one during most of working life, even if retired)				U	.S.A.
. FATHER'S NAME		14. MO HER'S MAIDEN NAME			
Chridton Feaster  Was DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	Rebecca Ker	linger		
es, no, or unkown)   (Ifyesgivewerordetesofservice)		uline Calhoun		" Cuppetts	
18. CAUSE OF DEATH [Enter only one ceuse p	er line for (e), (b), end (c).)	1 .	Home,		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  422. DUE TO  Conditions, if eny, which geve rise to immediate ceuse (e), stating the underlying ceuse lest.  (c)	er line for (e), (b), end (c).) Ingestive Fa Merroselustie	Carchovascul	ar bu	· · · · · · · · · · · · · · · · · · ·	REVAL BETWEEN SET AND BEATH 12 day
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  422,  DUE TO  Conditions, if eny, which geva rise to immediate cause (e), stating the underlying cause lest. (c)	or line for (e), (b), end (c).)  Ingestive far  Verroselisatie  CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	se condition GI	VEN IN PART 1(a) 1	PRYAL BETWEEN SET AND BEATH  2 COMPANY  9. WAS AUTOPS PERFORMED?
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  422. DUE TO  Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS C	or line for (e), (b), end (c).)  Ingestive far  Verroselisatie  CONTRIBUTING TO DEATH BUT NO	Carchovascul	se condition GI	VEN IN PART 1(a) 1	PRYAL BETWEEN SET AND BEATH  2 COMPANY  9. WAS AUTOPS PERFORMED?
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  422,	er line for (e), (b), end (c).)  Ongestive ta  Pleroselustie  CONTRIBUTING TO DEATH BUT NO  DESCRIBE HOW INJURY OCCURED  Od. INJURY OCCURRED  Od. INJURY OCCURRED  Hille Not While  et work   et work	OT RELATED TO THE TERMINAL DISEASE.  O. (Enter neture of injury in Pert I or	SE CONDITION GI	VEN IN PART 1(a) 1	9. WAS AUTOPS PERFORMED? YES NO (Stete)
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  422 DUE TO  Conditions, if eny, which geve rise to immediate ceuse (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer Hour a.m.	er line for (e), (b), end (c).)  Propositive far  Previous for the proposition of the pro	OT RELATED TO THE TERMINAL DISEASE  O. (Enter neture of injury in Pert I or	SE CONDITION GI	VEN IN PART 1(a) 1 (County)	9. WAS AUTOPS PERFORMED? YES NO (Stete)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if eny, which geve rise to immediate ceuse (e), stating the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m.  21. 1 certify that (I) (this hospital) att saw the deceased alive onDEC	DESCRIBE HOW INJURY OCCURED Not While work 19.61., and that	Carchovascu  OT RELATED TO THE TERMINAL DISEA:  O. (Enter neture of injury in Pert I or Pert I o	SE CONDITION GI	VEN IN PART 1(a) 1 (County)	9. WAS AUTOPS PERFORMED? YES NO Note to the stated above 22b. DATE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  4 2 2.  DUE TO  Conditions, if eny, which gover rise to immediate cause (e), stating the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m.  19  21. 1 certify that (I) (this hospital) atts saw the deceased alive onDEC.	Describe HOW INJURY OCCURED Not While at work 19.61., and that	Carchovascus  OT RELATED TO THE TERMINAL DISEAS  O. (Enter neture of injury in Pert I or Pert I	SE CONDITION GI	VEN IN PART 1(a) 1 (County)	9. WAS AUTOPS: PERFORMED? YES NO (Stete)  hat (I) (we) la ate stated above 22b. DATE SIGN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  1 2 2 DUE TO  Conditions, if eny, which gover rise to immediate ceuse (e), stating the underlying DUE TO  ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m.  21. I certify that (I) (this hospital) att saw the deceased alive onDEC  22a. SIGNATURE CAUSE OF DEATH (II) (this hospital) att saw the deceased alive onDEC	Describe HOW INJURY OCCURED Not While at work 19.61., and that	Carchovascul  OT RELATED TO THE TERMINAL DISEAS  O. (Enter neture of injury in Pert I or Pert I	SE CONDITION GI	(County)  (County)  and on the day  OAKLAND,	9. WAS AUTOPS' PERFORMED? YES NO  (Stete)  hat (I) (we) la ate stated above 22b. DATE SIGN

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, baltimore 1, maryland 13971 CERTIFICATE OF DEATH 13940

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Dakland,  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Cuppett Nursing Home  3. NAME OF DEPLOYED First Middle Turney  S. SEX C. COLOR OR RACE 7, MARRIED NEVER MARRIED DIVORCED OCT.  B. DATE OF BIRTH SPINAL OCCUPATION (Give kind of work)  On Home  Divorced Own Home  105. SIMETYLAND.  DATE Month DEPTH Nursing Home  3. NAME OF DEPTH Nursing Home  4. DATE Month DEPTH No. 1  DEPTH DEPTH YEAR IF UNDER 74 HRS. 1  Friend  DEPTH DEPTH Nursing HOME No. 1  DEPTH No. 1  D									
Oakland,  d. Aname of Hospital or Ristifution (if not in hospital, give street eddress)  d. Aname of Hospital or Ristifution (if not in hospital, give street eddress)  Name of Hospital or Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Name of Ristifution (if not in hospital, give street eddress)  Note of Ristifution (if not in hospital	1. PLACE OF DEATH  e. COUNTY DEACH	axx, Garrett,	MARYLAND					ce before a	d mission)
Cuppett Nursing Home    4 Mi. West Friendsville,   S.A. ARABIED   Day Year DECRASED   Martha   Turney   Friend   DATE   D	write RURAL end give	neerest town)	9 days	Rural	Frie				
3. NAME OF DECRASED (Type or print)  Mortha Turney Friend 4. DATE Month OF 28, 1961  Turney Friend 9. DATE OF BIRTH OF DEATH DECRETY VAR IF the UNDER YEAR MONTH OF 28, 1961  S. SEX  Female White Whome Days Month Days Hower MARNIED NOT CE. 8, 1872  BUSINAL OCCUPATION (Give kind of work Month Days Hower MARNIED OWN Home Frances Myers  Is was DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT Address Myers  18. CALUER OF DEATH (Soler only on Cause per line for id.), (b) and (c).)  18. CALUER OF DEATH (Soler only on Cause per line for id.), (b) and (c).)  19. CALUER OF DEATH (Soler only on Cause per line for id.), (b) and (c).)  19. CALUER OF DEATH (Soler only on Cause per line for id.), (b) and (c).)  10. CONTRIBUTION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED.  10. CONTRIBUTION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED.  10. CONTRIBUTION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED.  10. CONTRIBUTION CAUSE OF DEATH (C).  10. CONTRIBUTION CAUSE OF DEATH (C).  11. CALUER OF DEATH (Sole only on Cause and C).  120. AUTOPSY PERFORMED.  121. Learning Main and Maryland.  122. The CERTIFY that (I) (this Trappile) and work is work in the Cause of Innury in Part I or Part II of Imm 18.)  122. The CERTIFY that (I) (this Trappile) and work is work in			pital, give street eddress)			endsvil	lle.	QN A	A FARM?
S. SEX BOLOR OR RACE 7, MARRIED NEVER MARRIED OCT. 8, 1872    Fomale Winite Winite Winite Months Devix Months	3. NAME OF DECEASED	First		Lest	4. DATE	Month	Day	Year	
U.S. A.   I. MOTHER'S MADE   I			•			AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.
done during most of worlige life, even if retired) HOUSE WORK  Is. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   15. MAD THER'S MAIDEN NAME   16. MOTHER'S MAIDEN NAME   17. MOTHER'S MAIDEN NAME   17. MOTHER'S MAIDEN NAME   18. ACADESE BYVE IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   19. CAUSE OF DEATH [Enter only on this per line for (a), (b)] and (g).	Female	White WIDOWER	DIVORCED 0	t. 8, 1872	2	89 yrs.	Months Deys	Hours	Min.
Searce Turney   Frances Myers	House work	life, even if retired)			~ *				OUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   Mrs. Chauncey M. Friend (Daughter)   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M. Friends Ville, Md Witerval Between Noset and Death   Mrs. Chauncey M.		V							
18. CAUSE OF DEATH [Enter only on the per line for (a), (b)] and (c).]  PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	15. WAS DECEASED EVER IN	U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.			Address			
18. CAUSE OF DEATH [Enter only on Thuse per line for (a), (b) and (c).]  PART II. DEATH WAS CAUSED BY;  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying (b)  DUE TO  Conditions, if any, which gave rise to immediate cause (b), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (If EITHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  19  21. I certify that (I) (this impoint) attended the deceased from the deceased attention of the part II of item 18.  21. I certify that (I) (this impoint) attended the deceased from the deceased attention of the part II of item 18.  22a. SIGNATURE  22b. SIGNATURE  M.D.  ATTENDING DIRECTOR SIGNATURE  22c. NAME (Type) E. I. Baumgartner, M.D.  ATTENDING DIRECTOR SIGNATURE  22c. NAME (Type) Blooming Rose Cemetery, near Friendsville, Md.  22d. MADRESS  22s. REC'D BY REGISTRAR'S SIGNATURE  22d. MADRESS  22s. REC'D BY REGISTRAR'S SIGNATURE  22d. MADRESS  22s. REC'D BY REGISTRAR'S SIGNATURE		ive war or dates of service)	Mrs	. Chaunce	y M. F	riend (	Daught	er)	
20c. TIME OF INJURY Month, Dey, Year Hour a.m. While of work of twork of two	geve rise to immediate of (e), stating the underlocause last.  PART II. OTHER SIG  20s. ACCIDENT WAS L	DUE TO  (c)  NIFICANT CONDITIONS CON  UNDERLYING     20b. DESC						PERFO	PRMED?
21. I certify that (I) (this topoital) attended the deceased from 1960, to 1960, to 1960, that (I) (we) lass saw the deceased alive on 1960, and that death occured at 1960, to 1960, that (I) (we) lass saw the deceased alive on 1960, and that death occured at 1960, to 1960, to 1960, that (I) (we) lass saw the deceased alive on 1960, and that death occured at 1960, to 1960, that (I) (we) lass saw the deceased alive on 1960, and that death occured at 1960, to 1960, and on the date stated above phys.  ATTENDING MED. STAFF PHYS. Director PHYS. D		DICAL EXAMINER)							
saw the deceased alive on	Hour a.m.	While	Not While fac			ty or fown)	(County)		(State)
ATTENDING MED. STAFF PHYS. DIRECTOR	saw the deceased	1/00 5	ded the deceased from.	death occured as.	4 4	O			
Principal   12/31/1961 Blooming Rose Cemetery, near Friendsville, Md.  24/14/1962 DIRECTOR'S SIGNATURE  ADDRESS   258. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE	22ª PHYSICIAN'S	Sum gurto		A.D. PHYS. 22d. ADDRESS	DIRECTOR [	PHYS.	and.	2/29	PATE
	DEMOVAL (Specify)			ose Cemete:	ry, nes	r Frier	ndsvill	e, Mo	_
	24 FUNERAL DIRECTOR'S,S	Thou The			- 10				

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Curpott Hursing Home

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Formale state aformal

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E. I. Daniel M.D. . C.K., Tendrousell. I. .

Bariel / 12/81/1961 Flooming hose cometery, sehr My lenday 1915, 10.

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# FOR STATE HEALTH DEPT

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13941 13941

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission)
o. COUNTY  Garrett MARYLAND	Maryland. Garrett
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Oakland Mins.	X Rural Swanton,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   o. 15 RESIDENCE
En Route To Garr. Co. Mem. Hosp.	2 Mi. East
3. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
(Type or print) Sherman Bruce	Friend Dec. 4th. 19 61
	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	uly 12. 1908 53 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Slete or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Brakeman on Train, B & O R.R. Co.	Garrett Co., Maryland, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josiah G. Friend	Mary Jane Sweitzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give wer or detes of service) 705-05-9367 M	rs. S. Bruce Friend Swanton, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	ONSET AND DEATH
420.1 Due to	usion 2 Hour.
Conditions, if eny, which (b)	
geve rise to immediate cause	
(e), staining the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO X
200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of item 18.)
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	
0	ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State)
Hour e.m. While Not While p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes XX Accident . Suid	cide . Homicide ., Undetermined manner .
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	CHIEF MEDICAL EXAMINER
SIGNATURE Leuler Janes Denler Janes	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	DEPUTY MEDICAL EXAMINER TO COLO TO THE TOTAL
NAME (Type) James H. Feaster, Jr., M	The state of the s
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) - 12/7/1961 George Ceme	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
23 Christal DIRECTOR Cakland, Md	246. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
Mildred Sharpless Blaine, W.	
militar od Onar bross Draino, ii.	

please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death. VS. A15ME

5M 9/60

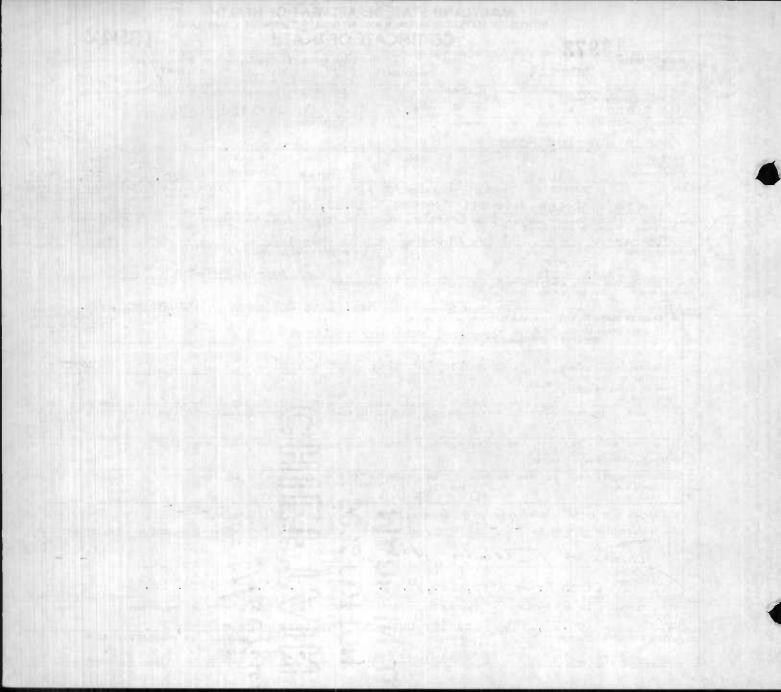
diominal . brainer A CONTRACTOR OF THE COLUMN BALL 4 the loude to their to. their dosp. In the contract Engraver Strate intend Preligion on Train, B & 0 1. N. Co. Sterne to Co., Carylan . 8.8. L. Joulan G. Friend Switz John Switzen Phoso Charles Value of Higgo Higgs Sympton, IN. dimen de la caracter de la compa north 128/17/1861 Deorge Committee, 22/17/1861, 25. Lilared Sarreless - Daire, w. K.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

420A2

13073		CEKTIFICA	416	OF DEATH			TOO	1	
1. PLACE OF DEATH Garret	t	MARYLAND	11	usual residence (Woo. STATE Mary]		d lived. If institution b. COUNTY	A 79 79	e before o	/
b. CITY OR TOWN (If autside carporate I RURAL and give nearest town)	imits, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If	autside carpa	orote limits, write R	URAL and gi	ve nearest	tawn)
Oakland		5 yrs.		Cumbe	erland	d	0100	2 - 2	,
d. NAME OF HOSPITAL (If not in haspita or INSTITUTION Weeks Nursing		address)		d. STREET ADDRESS					RESIDENCE ON A FARM?
	Home		!!	928 Glenwo				1 10	2 140 V
3. NAME OF DECEASED (Type or print) Maude	First	Middle		Jones	4, DATE OF DEATH	Dec	th.	20 ·	Year 19 67
S. SEX 6. COLOR OR RAC		RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER		JNDER 24 HRS
Female White	WIDOW			g.22,1879		last birthday) 82 yrs.	-	-	ours Min.
10a. USUAL OCCUPATION (Give kind of wa during most of working life, even if reti	rk dane 10b. red)	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar fareign c	ountry)	12. CITIZ	EN OF WH	HAT COUNTRY?
Cleaner	D	ry Cleaning		Marylan				JSA	
13. FATHER'S NAME			14	. MOTHER'S MAIDEN	NAME				
James Jones				Λ >>>	obaco	Crupper			
IS. WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT	lanua	Add	ress		
(Yes, no, or unknown) (If yes, give war or dates	of service)					~ .		36.	
NO L		NONE	Mr	s. Lina Rob	inson	<u>Cum be</u>	rland	Md.	
18. CAUSE OF DEATH [Enter only one		ne far (a), (b), and (c).]							AND DEATH
PART 1. DEATH WAS CAUSED B	Y: Ce	reberal vascui	lar	acci ent					103'5
2 2 1 DUE					-1				
721		teriosclerosis		ter il er ere				150	rs
Canditians, if any, which gave rise to immediate	(p) -+-	COLTON CLETO DIT	,	circializada					
cause (a), stating the under-	TO								
lying cause last.	(c)								
PART II. OTHER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH R) 20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature af injury in	Part I ar Par	t II of item 18.)			
20c. TIME OF INJURY Month, Day, Hour a. m. p. m.	Year 20d. II While at war	_ Not while _		OF INJURY (Hame, form, street, affice bldg., etc		y or town)	(C	aunty)	(State
The state of the s			-	_X1	57	12-20-61	20		111. 1 . 1
21. I certify that (I) (this haspi	tal) aftend 12-20-	12		1, 1	M. from	the causes an			(I) (we) las ated abave
220. SIGNATURE	-)-	To h			NED.	STAFF		3.0	22b. DATE
anner kd.	120	1	M.D.	PHYS. 🛅 D	IRECTOR .	PHYS.		12-	70-01
22c PHYSICIAN'S NAME (Type) Junes II.	Fount	er, Jr., M. D		22d. ADDRESS 58 2nd. 5	T., 0	Mland, M	d.		
23a. BURIAL, CREMATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CR	EMATORY	23d. LOCA	TION (City, tawn,	ar county)		(State)
Burial Dec. 23.	1961	Trinity Luth	era	n Cemetery	Cumbe	erland. M	ld.		
24. FUNERAL DIRECTOR'S SIGNATURE	7	ADDRESS			D BY REGIS		STRAR'S SIG	NATURE	-014
Byron Kight		Cumberland,	Md.	DATEDE	C 2 7 '6	1 C	- 2 mg & 1	Trains	



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VS. AISME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

13974

- 1										
	1. PLACE OF DEATH  o. COUNTY OA TO THE	2. USUAL RESIDENCE (Where decessed lived, If in	stitution: Residence before edmission							
\	GARRETT	e. STATE W. Va. b. COUNTY	Grant.							
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write R								
1	OAKLAND		C C							
7		Cabins,	82X.3							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?							
	DOA) GARRETT CO. MEMORIAL HOSPITAL		YES NO							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Year							
	(Type or print)	RDAN DEC.	31.ST. 19.61							
		2000	UNDER 1 YEAR   IF UNDER 24 HRS.							
	F W WIDOWED DIVORCED S	ept 3 1879   last birthday) 7	Months Days Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY							
	done during most of working life, even if retired)	Grant County W. Va.	U.S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
8	Seymour Watts. SR.	Mary Odessa Windowski	en. :TUDY							
	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IF	NFORMANT Address	7 / / -							
	(Yes, no, or unkown) (If yes give wer or detes of service)	Andrews	West Venle							
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	work Hawyer audura	New York.							
×	PART I. DEATH WAS CAUSED BY: Peritonitie cor	namalized	ONSET AND DEATH							
П	IMMEDIATE CAUSE (e) Peritonitis, generalized 36 hrs.									
	Conditions, if any, which Ruptured liver abscess  36 hrs.									
	(6)	36 hrs.								
	geve rise to immediate cause (e), stating the underlying DUE TO									
	cause lest. (c) Billary-duodenal fistula with stone									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN								
	Myocardial infarction, old	d. left.	PERFORMED?							
	200. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (En	THE ALL THE E								
	20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (En	PRIMARY Or CONTRIBUTING								
	ZOC. TIME OF INJURY Month, Day, Year   20d, INJURY OCCURRED   20e, PLAC	CE OF INJURY (Home, ferm, ; 20f. (City or town)	15							
		ry, street, office bldg., etc.)	(County) (State)							
	p.m. 19 et work et work									
	21. I certify that I took charge of the remains described above, held	d an Autopsy 🗶 , Inspection 🗶 , Inquiry	x, and in my opinion							
	death resulted from: Natural causes x, Accident , Suicic	de []. Homicide []. Undetermined man	nner 🗍							
		CHIEF MEDICAL EXAMINER								
	ACTUAL Am 1d tenter h.	ACTUAL ASSISTANT MEDICAL EVANIMED TO								
	SIGNATURE	DEPUTY MEDICAL EXAMINER	DATE SIGNED							
-	NAME (1/po) JAMES H. FEASTER. JR. M.	D	12-31-61							
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or	r country) MD (State)							
	Buried. Jan.3, 1962. Dolly Family Co	emetery Mouth Of Sene	ca, W.Va.							
	23 FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGIST								
	Gerald n. Minnich Oakland m	Brusan DATE JAN 5 '62 an	Thun S. Kram							

.JERRE , onto Gras Compy W. Va. y our sties Mary Gloses methodotton. . "o" we' , ar cu Des Monde de la constantina della constantina de enon little infact 20 Call But Payre Mills Topocarding and the second and and and bonies, .co. 3, 1962, 1011y being verstery vorte of eneces, ....

FOR STATE HEALTH DEPT EXPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Tony delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 that tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3\_Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. N al VS. AISME

SM 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 13975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13944<sup>nd</sup>

	1. PLACE OF DEATH				NCE (Whare daces		n: Rasidanca bafore edmission)			
	GARRETT		MARYLAND	o. STATE MT		b. COUNTY	4RRETTV			
1	b. CITY OR TOWN (if outside co	rporate limits,   c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corporal		and give naarest town)			
	writa RURAL and giva neares		1	XP. an	1					
	d. NAME OF HOSPITAL OR INST	SUILLE	WIFE	MURHL	GRANT	501461				
,	d. NAME OF HOSPITAL OR INS	TOTION (IT NOT IN NOSPITAL	, giva sireer address)	d. STREET ADDRES	55		ON A FARM?  YES NO			
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year			
	(Type or print)	Thomas	E"ic	Knox	DEATH	Dec. 6t	h 19 67			
	5. SEX   6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED 1 B.	DATE OF BIRTH	9. A	GE (In years   IF UND				
	$M \mid W$	WIDOWED	DIVORCED	10-23-6	1	уп. 3	s Days Hours Min.			
	10a. USUAL OCCUPATION (Giva k dona during most of working lifa, ev	Ind of work 10b. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Ste	te or foreign countr		CITIZEN OF WHAT COUNTRY?			
				Mayordalel	minunely	4057	915A			
	13. FATHER'S NAME	1)		14. MO HER'S MAIDE		1700	1.101			
	DHA! -	KNIE		File	, /11	1)1100				
	15. WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.   17, IN	FORMANT LE	2/10	Address	A C			
1	(Yas, no, or unkown) (Ifyesgivewar	or dates of service)	1	101	IV	4 1	M Val			
	1 18 CHIEF OF DEATH (Fat	us only one cause and line 6		1 John	AMOD E	panlsvel	le, Ma			
ì	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH									
	IMMEDIATE	CAUSE (a) Trach	eo-bronchit	is			5 days			
1	a o i x	DUE TO								
ı	Conditions, if any, which	(b)								
	gave risa to immadiata causa	NUE TO								
	(a), stating the underlying cause last.	(0)								
	OF Townshal and						PERFORMED?			
	208. EXTERNAL CAUSE WAS	Terminal aspiration of stomach contents  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of Injury in Part I or Part II of Idam 18.)								
	PART II. OTHER SIGNIFICAL Terminal as 20s. EXTERNAL CAUSE WAS PRIMARY   or CONTIBUTING CAUSE OF DEATH	ZOB, DESCRIBE H	IOW INJURY OCCURED. (En	ter natura of injury in F	'art I or Part II of Itar	n 18.)				
ı										
	20c. TIME OF INJURY Mont		RY OCCURRED   20e. PLAC	E OF INJURY (Home, fery, street, office bldg., a	orm, 20f. (City or	town) (C	County) (Stata)			
ı	W p.m.		at work	,,,						
ı	21. I certify that I took	charge of the remains	s described above, held	an Autopsy	Inspection	, Inquiry .	and in my opinion			
	death resulted from: N					ermined manner				
					L EXAMINER	ermined memor				
1	ACTUAL AMILIA	- W. Je	> X							
i	SIGNATURE	Tr. Se	inter.	_ M.D. ASSISTANT M			DATE SIGNED			
	EXAMINER'S James	U Foodton	- T Tot	DEPUTY MEDIC	AL EXAMINER		12-6-61			
-		n. reaster	r, Jr., M.	Address (Stream	t, city, town, or cour	oty) Uakla:	nd, Md.			
	22a, BURIAL, CREMATION, 22b. D BEMOVAL (Specify)	ATE THEREOF 22c.	NAME OF CEMETERY OR	EREMATORY	22d. LOCATION	(City, town, or coun	itry) (Steta)			
	BURIAL 12	18/6/	DURST	K	VRAL (21	PANTSUI	LLE MA			
	23. JUNERAL DIRECTOR	1/1/	ADDRESS M	24a. R	EC'D BY REGISTRAR	246. REGISTRAR'S	SIGNATURE			
	Day AHOUTO	can Air	ulserello	Med DATE	DEC 1 3 '61	arthur	S. Krowe			
ľ	Dan Jim	y Car	- Contract	TO TONIE		00000007	AL, POSSOC			
	9 1 1 1 1 1 1 1 1 1 1 1 1 1	V								

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VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13976 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dec	easad lived, If i	nstitutlon: Rasidan	ce before edmission)
a. COUNTY	GARRET	T	MARYLAND		RYLAND	b. COUN	GARRE	TT
	f outsida corporate lim glva naarast town)	its,	c. LENGTH OF STAY IN 16			rate limits, write	RURAL and giva	nearast town)
OAKLA			19 HOURS	X OAKLAN	ND			
d. NAME OF HOSPI	AL OR INSTITUTION	(if not in hosp	oital, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	UNITY MEMOR							YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Year
(Typa or print)	JOHN		M.	MILLER	DEATH	DECEMBE	R 27	19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years   last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE	WHITE	WIDOWED		JUNE 6, 1881		80 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT done during most of wo	ON (Give kind of wor	k 10b. Kli	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & Stata, or f	oreign country)	12. CITIZEN C	OF WHAT COUNTRY
FARMER	iking ma, aven il tenti		ET. FARMER	MARYLAND			USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
JOHN	M.	MILLE	R	BARBA	ARA		LOSNAGLE	
15. WAS DECEASED EV (Yas, no, of unkown)   (I			SOCIAL SECURITY NO. 17.	INFORMANT		Address		
No				MRS. JOHN WII	LSON (DA	UGHTER)	FROSTBU	RG, MD.
18. CAUSE OF D	EATH [Enter only one	e gove par lis	na for (a), (b), end (c).]	. ^	-0-1			TERVAL BETWEEN
PART I, DEAT	H WAS CAUSED BY:	(019	imal De	sulas Al	cedual	5		TOCH THE DEFINITION
1160	DUE TO	2						
Conditions, if any		De	chertens,	ion				
gava risa to immedi	ate cause	0.	10000					
(e), stating tha u	nderlying DUE TO							
cause last.	) (c		TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INIAI DISEASE C	CONDITION CIV	EN IN DART 1(=)	10 WAS ALITORSY
PART II. OTHER	SIGNIFICANT	IIIONS CON	TRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMI	INAL DISEASE C	VID NOTITIONO.		PERFORMEDY
3	Hu	unde	w mre	whie				YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Part I or Part II	of item 18.)		
			NJURY OCCURRED   20e. P	LACE OF INJURY (Homa, far	rm, † 20f. (City	or town)	(County)	(Stata)
Hour e.m.	19	Whila at work	Not While f	actory, street, office bldg., at				
	hat (I) (this hosp	ital) attend	led the deceased from	July 15	196 1, toe	lees	1961.	that (I) ( a) las
saw the deceas		ee 2		at death occured at	: 55MA from	the causes	and on the d	ate stated above
22a. SIGN TURE	1	1	and in	1				, 22b. DATE
80	Bount	19 14	150		MED. DIRECTOR	STAFF PHYS.	12	27 SIGNE
29c. PHYSICIAN'S	( Seum)	CO.	· · ·	22d. ADDRESS			-12	1-119
NAME (Typa	DR. E. T	BAUM	GARTNER	OAKLANI	D, MARYI	AND		
23a. BURIAL, CREMAT	ON. 23b. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCA	ATION (City, toy	un or county)	(State)
REMOVAL (Specify		1/61	ZIONLUT	HERAN	Accidi	ENT 6	ARRIST.	TCO MD
24 PUNERAL DIRECTO	S SIGNATURE	1	ADDRESS M		EC'D BY REGIST		GISTRAR'S SIGNA	ATURE
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ALE OF SECULAR SECURITION SE AND AND THE STREET, ST ( Comment days ( days ) The said that the said of the had they to the ? The transfer of the second of the second of the second of Willey . The state of the s BUNDER 12/30/61 ZIEN LITHERA AGENOTOT GINNETTO MA 28. 2. 1. 10 d

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY director. Page or your files. oard of Health, b. co Garrett Mayyland. Garrett MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your Board of h write RURAL and give neerest town) Deer Park. one day Oakland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Garrett County Memorial Hosp. 1 Mile West 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) December 24. George Sheridan Ours DEATH 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 65 Months Deys 24 hours after dree Pages 1, 2, and PM3. Page 5 mg pages 1 and 2 within 72 bour Male June 3. WIDOWED T DIVORCED | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland. U.S.A. Own Farm Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3. Florence Shanholtz Lincoln Outs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT y" in pencil in Item 18 s Office along with fa a burial-transit permit. Mrs. Doris Ervin Mb. Lake Park. Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pneumonia, lobar, bilateral IMMEDIATE CAUSE (a) r's Office a s a burial-fr removal, a DUE TO Conditions, if env. which (b) d "pending" i Examiner's O se used as a bu gove rise to immediate cause DUE TO (a), steting the underlying ō cause last. emation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 Arteriosclerosis, generalized NO 4 EPUTY MEDICAL EXAMINER: This plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Sur Ju the Chie 20e, PLACE OF INJURY (Home, ferm, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work should be forwarded to the FUNERAL DIRECTOR: forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection K. InquiryX and in my opinion death resulted from: Natural causes X Accident Suicide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12-24-61 EXAMINER'S James H. Feaster, Jr., M. D Address (Street, city, town, or county) Oakland, Md. NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) near Mt. Lake Park. King Cemetery 0 12/27/1961 Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Oakland, Md. Onthur & Traces 5M 9/60 DATEFC 2 8 '61

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DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe	0	fo	PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Language prior to burial, cremation	
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VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		4	0	OA	1
Reg.	Dist.	No.	J	94	6

<u>)</u>  1-	PLACE OF DEATH o. COUNTY	Garrett		MARYLAN	1 0	STATE W. V.	Where decear	b. COUNT			e admission)	
	b. CITY OR TOWN (If and give necrest town)	b c. (	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Oakland			DOA		Gorm	ania		F	5 x	1.3	
	d. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hospitol,	give street oddress)	d. :	STREET ADDRESS		50,550		e. IS RESIDENCE ON A FARM?		
	Garrett	County M	emoria:	1 Hospita	1						YES NO 1	
3.	NAME OF DECEASED (Type or print)	Fir Charl		Middle Sprague		Lost	4. DATE OF DEATH	Mont Dec		Doy 18	Year 19 61	
5.	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE C	OF BIRTH		9. AGE (In years fast birthday)			F UNDER 24 HRS.	
	Male	White	WIDOWED	DIVORCED	Jul	y 23, 1	904	57 yrs.	Months [	Days F	Haurs Min.	
10	oa. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KIND	OF BUSINESS OR INDE	JSTRY 11.	BIRTHPLACE (State	ar foreign c	country)	12. CITIZ	EN OF	WHAT COUNTRY?	
	Barber	g me, even in remocy	Ba	rber		Beryl,	W. Va	1.	U	SA		
1	3. FATHER'S NAME				14. MC	THER'S MAIDEN N	IAME					
4	Charles	Sprague				Isabella	a You	nger				
	5. WAS DECEASED EVI	ER IN U. S. ARMED FO		AL SECURITY NO. 17				Address				
	no	(ii you, give war or outer or	217-	-09-3406 M	rs.	Clarett	a Spr	ague (	Jornan	nia,	W.Va.	
F	18. CAUSE OF DEAT	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									AL BETWEEN AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion, left,										ien	
	ナム	T L DUE TO										
	Conditions, if ony, which of the course (b)											
	(a), staling the underlying DUE TO											
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
ATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS CONTRI	IBUTING TO DEATH BU	T NOT RELA	TED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART		PERFORMED?	
CEPTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	JSE WAS NTRIBUTING   20	b. DESCRIBE HOV	W INJURY OCCURRED	(Enter note	ore af injury in Part	t I ar Part II	af item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Yes	While			UURY (Home, form it, office bldg., etc.		y or town)	(Cour	nty)	(State)	
4	21. I certify th	ot I took charge	of the remo	oins described o	oove, he	ld on Autops	y El, li	nspection 🖺	Inquiry	17.	ond find that	
	death resulted	from: Natural	couses 🟋,	Accident 7, S	vicide [	7. Homicide	[], U	ndetermined	couse .	- Louis		
	V			T								
	ACTUAL SIGNATURE	SIGNATURE M.D. CHIEF MEDICAL EXAMINER										
-	EXAMINER'S T	** **				ASSISTANT MEDICA	AL EXAMINE	R 🔲		12-	18-61	
L	NAME (Type)	mes H. Fe	ster, J	r., M. D.		DEPUTY MEDICAL I	EXAMINER [	g Onic	land,	11.		
2	20. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREC		NAME OF CEMETERY				TION (City, town,	or county)	TAT	(State)	
2/	BUPLAL  3. FUNERAL DIRECTOR'		61 B	ayard Cen	eter	¥	D BY REGIST	ard	STRAR'S SIG	MATURE	Va.	
1	Horald M	. Mum	ich o	akland, M	arvl				Lithur S.			
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13979 CERTIFICATE OF DEATH
13948

/	1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)									
/	GARRETT MARYLAND	. STATE WEST VIRGINIA PRESTON									
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)									
	OAKLAND 4 days	RURAL -AURORA 85 x 3									
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?									
	GARRETT COUNTY MEMORIAL HOSPITAL	YES NO									
i	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year OF									
	(Type or print) GAROLD WAYNE	STEMPLE DECEMBER 18. 1961									
M	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.									
4	MATE WHITE WIDOWED DIVORCED T	DECEMBER 14.1961 last birthdey) Months Deys Hours Min.									
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)										
3	done during most of working me, even it retired)	WEST VIRGINIA U.S.A.									
Ť	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	CAROLD WALTER STEMPLE	FRANCES MAE RADFORD									
		NFORMANT (FATHER)  Address ROUTE # 1									
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)										
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN									
ď	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Feloclades - Certa teral ONSET AND DEATH									
	DUE TO										
Ť	Conditions, if any, which \ (b) \ \ Assistant Lives	4 Says									
f	gave rise to immediate cause										
	couso lost. (1) (1) (1) Generally to the underlying of the underly										
)		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
H	OIL	PERFORMED? YES NO T									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH OF THE CONTRIBUTING   CAUSE OF DEATH OF THE CONTRIBUTING   CAUSE OF DEATH OF THE CONTRIBUTION   CAUSE OF DEATH OF THE CONTRIBUTION   CAUSE OF DEATH	. (Enter nature of injury In Part I or Part II of itam 18.)									
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
d		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
i	Hour a.m.  P.m.  19 While Not While at work at work	ory, street, office bldg., atc.)									
9		12/14/ 1961 to12/16/, 19.61 that (I) (we) last									
d		death occured 96.5.0.M, from the causes and on the date stated above.									
	22e. SIGNATURE	22b. DATE									
	Level 104 7. Manco. M	D. PHYS. DIRECTOR PHYS.									
H	22c. PHYSICIAN'S	22d. ADDRESS									
	NAME (Type) ANDREW E. MANCE, M.D.	THIRD STREET - OAKLAND, MD.									
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)									
	REMOVAL (Specify) Burial 12/19/61 Stemple Ri	dge Aurora W.Va.									
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
	Marme C. Spiggle	DAREC 2 2 '61 Chrising S. Thous									
	9VVJVVXVV 1										

CLEMENTS. S. MENE, M.D. C. L. MERE SMIRE - PRINCE, M.D.

Storing 12/19/61 Etemple hidge Aldge

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# FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13949

	1. PLACE OF DEATH a. COUNTY Garrett	a. STATE Maryland b. COUNTY	Residence before admission)							
	b. CITY OR TOWN (if outside corporate limits,  Lura Tite RRAL and alive needed lown)  Lura Tite RRAL and alive needed lown)  211 hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest lown)							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 36 Thornhill Road	IS RESIDENCE     ON A FARM?     YES    NO							
	3. NAME OF First Middle Clarence McKinley Ste:	rner 4. DATE Month OF DEATH Dec. 2nd	Day Year 19 61							
	Male White WIDOWED DIVORCED C	Dctober 12,1900  9. AGE (In years   IF UNDER 1   AGE (In years   IT UNDER	YEAR IF UNDER 24 HRS. Days Hours Min.							
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Supervisor Gas & Electric	Carroll County, Md	U.S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
1	Harvey H. Sterner	Annie Unger								
	(Yes, no, or unkown) (If yes give wer or dates of service) 212-05-7432 Mr	Address Ps. Florence Sterner, 36 Thornhi	Lutherville 11 Rd M							
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Minutes							
	Conditions, if any, which gave rise to immediate cause  (a) deligned the model of the cause of t									
	(a), stelling the underlying Duc 10 (c)									
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
		Enter nature of injury in Part I or Part II of Itam 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA Hour a.m. p.m. 19 et work et work	CE OF INJURY (Home, farm, 20%. (City or town) (Cour ory, street, office bidg., etc.)	nty) (State)							
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted rom: Natural causes . Accident . Suicide . Homicide . Undetermined manner .									
1	EXAMINET'S James H. Feaster, Jr., M. D	DEPUTY MEDICAL EXAMINER	12-2-51							
	226. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	Taylor Ave & Dake	(State)							
1	BURIAL   12-6-61   Moreland Mem  23. FUNERAL DIRECTOR ADDRESS	Orial Cem.   246. REC'D BY REGISTRAR   246. REGISTRAR'S SIG								
	Wm. Cook-Towson, Inc., 1050 York Rd, Tow									

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 Internal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or ijs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

Letter Lance with the control of the Little City, at a document of the common of Can a caro or or be a consent of automated the part of the pa STEP OF THE LANGE ROLLING STATE OF THE STATE man are a notice (and recorded in 1800 Man and 1800) DONALD THE HOLD BY VALUE OF ME \* Proper to the control of the contr the library was town the same tenter to the same  90

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13950

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Ь. (	Oaklar	d give neares			8 years		Gorms		outside co	orporate limits,	write RUR	AL and give	nearesi to	wn)
d.	NAME OF HOSPI	TAL OR INST	TITUTION (if not	in hospi	ital, give street add	ress)	d. STREET AL	DRESS						RESIDENCE
		tt Nu	rsing H	Iome	and the same		Allieny_						YES	NO NO
DE	AME OF CEASED		First		Middle		Last	201	4. DATI		onth	Day		er _
	pe or print)		Edith		E.		Vann		DEA:	TH Decei				61
5. SEX	K	6. COLOR	OR RACE 7. M	ARRIED	NEVER MARRI	ED 🔼 8. E	ATE OF BIRTH			9. AGE (In y	ars IF UI		Hours	R 24 HRS.
	emale	Whi		OWED	DIVORCE	Fet	. 24,	188	8	73 y	s. Mor	nins Days	Hours	PVIIII.
1Da. U	JSUAL OCCUPAT during most of wo	ION (Give k	ind of work	IDb. KIN	D OF BUSINESS OF	RINDUSTRY	11. BIRTHPLAC	E (Count	y & State,	or foreign cour	itry)   1	2. CITIZEN	OF WHAT	COUNTRY
H	ouse Wo	ork	(	Dwn	Home		Virgin	ia				U.S.A	A.	
13. FA	ATHER'S NAME					14	MOTHER'S M	AIDEN	IAME					-
	illiam						Fannie	Si.	ne					
15. W {Yes, n	AS DECEASED EV	ER IN U.S. A	RMED FORCES?	16. S	OCIAL SECURITY N							town,		
n	0						line F	owe	11	400 L:	inga	nore	Ave.	
18				per lin	e for (a), (b), and (	c).]	1 0			1.0		7 10	NTERVAL BE	
	PART I. DEAT	H WAS CAL		Du	Swtosp	3190	ut to	allu	30	(Chouse) ONSET AND DEATH				DEATH
	450.0		DUE TO	^	1	,	1							
C	Conditions, if any, which (b) Anterio selectores													
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	), stating the u	inderlying	DUE TO											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										19. WAS	AUTOPSY ORMED?		
ATI												18 A	YES T	NO NO
E 01	B. ACCIDENT WE CONTRIBUTING	CAUSE C	OF DEATH	. DESC	RIBE HOW INJURY	OCCURED. (E	nter nature of in	ijury in P	art I or Pai	rt II of item 18.)				
WEDICAL	Oc. TIME OF INJU	JRY Mont	h, Day, Year	While	Not While		OF INJURY (Ho , street, office bl			City or town)		(County)		(State)
_	p.m.	L-1 (1) (1)	17	_		1 600	July 31	1	954,	Da	>'>	10/-1	Abox (IX	(wa) last
					ed the decease							., 1961.,		
-		sed alive	on.		196,	and that 'd	eath occured	ar	mm# tre	om the caus	es and	on the	date state	
22	28. FIGNATURE	+ 13) Des top.					ATTENDING MED. STAFF DIRECTOR PHYS. 12						SGNED	
22	Re. PHYSICIAN'S 22d. ADDRESS								•		1-4-			
	NAME (Type	i. I.	Baumge	arti	ner, M.	D.	Oak	lan	d. M	arylar	id.			
	URIAL, CREMAT		DATE THEREOF		23c. NAME OF					CATION (City		county)	(	State)
Bu	rial (Specify)	12,	/26/196	31	Pope Ce	meter	.Д		Gor	man, I	Mary	land.		
	MERAL DIRECTOS	sharp	le s s	/	ADDRESS Blair Oak 1	ana, Wi	Id.		D BY REG	'61 25b.		AR'S SIGN		
7	-14	and the same												

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Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 3962 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission y is necessary, I director. Page or your files. oard of Health, a. COUNTY b. COUNTY Maryland. Garrett MARYLAND Garrett b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Board of P Oakland mins. Deer Park. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS refained re State B Garrett Co. Mem. Hospital 4. DATE Month DECEASED OF Edith Lloyd Young (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 2 v 85 yrs. Months Female 1876 WIDO WED TO DIVORCED Page 5, an Page 5 m as 1 and 2 in 72 hou 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)
House Work Own Home West Vieginia. PM3. Pa pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Lloyd Susan Locke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT ( Daughter) Address permit. (Yes, no, or unkown) | (If yes give war or dates of service) along with f fransit permit and in any e Mrs. D. W. Loomis Chapel Hill, N. C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiac failure, acute ng" in pencil i r's Office alor s a burial-frans removal, and **DUE TO** (b) Arteriosclerotic Cardio Vascular Disease Conditions, if any, which gava rise lo immadiata cause DUE TO al Examiner's be used as (a), stating the undarlying 0 with cardiac ischemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY Medical Ex should be u ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) factory, street, office bldg., atc.) Whila Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection \* Inquiry | death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Oakland, Md. ames H. Feaster, Jr. M. D. Address (Street, city, lown, or county)

22b. DATE THEREOF | 22c. NAME OF CEMPTERY OF CREMATORY | 22d. LOCATION (CIT NAME (Type) 22a. BURIAL, CREMATION 22d. LOCATION (City, town, or country) Burial (Specify) 40 6 Fort Ashby Cemetery Mineral County, W. Va. 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE DATE DEC 7: '61 VS. AISME Cirilmon S. France Oakland. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

Year

19

INTERVAL SETWEEN ONSET AND DEATH

PERFORMED?

(Stata)

YES X NO -

and in my opinion

DATE SIGNED

12-6-61

Hours

Years

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS

6th

U.S.A.

SM 9/60

Market orester SPERITUS. Estigson . mer . ob Startel Pens in state of the Ten. 12. 1876 | 85 ALDINE VEST Ligold Sq. why .U. W. M. Legaro Grapel M. M. . Rule safet in the safet of the safety dament. Totalic, ele, ... 12/3/1961 Port Ashey Compley - Mineral Louising . N. Mn. the second of th